



City of Greensboro: Inspections Division

Commercial Building Permit Application

1001 4th Street

Greensboro, NC 27405

(336) 373-2155 Fax (336) 333-6056 April (336) 373-2400

For review status:

www.greensboro-nc.gov/planreview

Date: _____

Total Construction Cost: _____

Electrical Const. Cost: _____

Plumbing Const. Cost: _____

Mechanical Const. Cost: _____

Net = General Const. Cost: _____

◆ **Applicant Name:**

Check one:

☐ Architect/Engineer/Designer

☐ Contractor

☐ Owner/Tenant

Project Name: _____

◆ **Project Address:**

◆ **Contact Person :** _____ **Phone:** _____ **Fax:** _____

Email: _____

The Contact Person will receive all the correspondence, notices and questions from Plan Review

Add'l Contacts : _____ Phone: _____ Fax: _____
(optional)

Email: _____

◆ **Description of Work:**

For New Buildings:

New: ☐

Shell Only: ☐

Initial Upfit: ☐

For Existing Buildings:

Addition ☐

Alteration or Tenant Upfit ☐

Work Area: _____ SF

◆ **Describe the use of the building/nature of the business:** _____

Previous occupancy/use: _____

The permit will be issued to (check only one):

☐ General Contractor

☐ Owner

I hereby certify that all information in this application is correct. The Inspection Division will be notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant Signature _____